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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU020129
	First Named Inventor	K. M. Williams, et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PASSIVE COMPENSATION OF FOCUS TRACKING UTILIZING WINDING AND CAPACITOR
--

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/373,876	04/19/2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label				OR <input checked="" type="checkbox"/> Correspondence address below	
Name		JOSEPH S. TRIPOLI			
Address		THOMSON LICENSING INC.			
Address		P.O. Box 5312			
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PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609) 734 - 6812		(609) 734 - 6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
KEVIN MICHAEL		WILLIAMS			
Inventor's Signature					Date
Residence: City		State		Country	
Indianapolis		IN		USA	
Mailing Address 6101 N. Primrose Avenue					
Mailing Address					
City		State		ZIP	
Indianapolis		IN		46220	
Country		Citizenship			
USA		US			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
MICHAEL EDWARD		BOYER			
Inventor's Signature		Date			
<i>Michael Edward Boyer</i>		May 12, 2003			
Residence: City		State		Country	
Fishers		IN		USA	
Mailing Address 11134 Midnight Pass					
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City		State		ZIP	
Fishers		IN		46038	
Country		Citizenship			
USA		US			
<input type="checkbox"/> Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Name	<u>JOSEPH S. TRIPOLI</u>		
Address	<u>THOMSON LICENSING INC.</u>		
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<u>USA</u>	<u>(609) 734 - 6812</u>	<u>(609) 734 - 6888</u>	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name <u>KEVIN MICHAEL</u>	Family Name or Surname <u>WILLIAMS</u>
---	--

Inventor's Signature <i>Kevin Michael Williams</i>	Date <u>5/13/03</u>
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Residence: City <u>Indianapolis</u>	State <u>IN</u>	Country <u>USA</u>	Citizenship <u>US</u>
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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name <u>MICHAEL EDWARD</u>	Family Name or Surname <u>BOYER</u>
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Inventor's Signature	Date
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Residence: City <u>Fishers</u>	State <u>IN</u>	Country <u>USA</u>	Citizenship <u>US</u>
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Mailing Address 11134 Midnight Pass

Mailing Address

City <u>Fishers</u>	State <u>IN</u>	ZIP <u>46038</u>	Country <u>USA</u>
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☐ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.